

FEB 02 2009

Haim M. Factor

Ofek Group Inc.
16192 Coastal Highway
Lewes, DE 19958-3608
haim.factor@1st-tech-ideas.com
Phone (302) 231.2042 Fax: (206) 339.5920

2 February 2009

Applications Assistance Service
Commissioner for Patents
USPTO, PO Box 1450
Alexandria, VA 22313-1450

Fax: (571) 273 8300

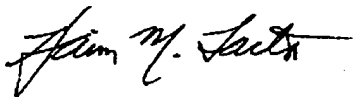
RE: US Non-Provisional Patent Application no. 10/550,681- Power of Attorney

Dear Sir,

Please find attached a completed and signed Power of Attorney for the referenced application.

I would appreciate your expediting the incorporation of this application into my private PAIR so that I may make an electronic filing related to this case later this week.

Thank you in advance for your cooperation.



Haim Factor, Registration number: 52,877, customer number 40591

FEB 02 2009

PTO/GBR: (5-00)
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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/550,681
	Filing Date	09/29/2005
	First Named Inventor	JERACHMIEL, YORIK APPELBAUM
	Title	
	Art Unit	1612
	Examiner Name	PACKARD, BENJAMIN J
Attorney Docket Number		30567

I hereby revoke all previous powers of attorney given in the above-identified application.

<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR <input type="checkbox"/> I hereby appoint the Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:	<div style="border: 1px solid black; padding: 5px; text-align: center;">40591</div> <table border="1" style="width: 100%;"> <thead> <tr> <th>Practitioner(s) Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Practitioner(s) Name	Registration Number								
Practitioner(s) Name	Registration Number										

Please recognize or change the correspondence address for the above-identified application to:

<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number. OR <input type="checkbox"/> The address associated with Customer Number:	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>
<input type="checkbox"/> Firm or Individual Name:	HAIM FACTOR
Address	18152 COASTAL HIGHWAY
City	LEWES
State	DE
Zip	19958
Country	
Telephone	302 237 2042
Email	

<input checked="" type="checkbox"/> Applicant/Inventor. OR <input type="checkbox"/> Assigned of record of its entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(a) (Form PTO/SB/06) submitted herewith or filed as:	Signature of Applicant or Assignee of Record Name: JERACHMIEL, YORIK APPELBAUM Date: 02/02/2008 Telephone: 972 25711233
Title and Company:	
NOTE: Signatures of all the inventor(s) or assignee(s) of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
<input checked="" type="checkbox"/> Total of 1 forms are submitted.	

This collection of information is required by 37 CFR 1.51, 1.52 and 1.53. The information is required to obtain a benefit by the publication of the invention by the USPTO to process an application. Correspondence is governed by 35 U.S.C. 122 and 37 CFR 1.55 and 1.14. The applicant is cautioned to plan 3 months to complete, including gathering, organizing, and submitting the complete application form to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete this form, and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1475. DO NOT SEND PPD OR COMPLEX FORMS TO THE ADDRESS. SEND THE COMPLETED FORMS TO: P.O. Box 1480, Alexandria, VA 22313-1475.

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